

Affected Programs: BadgerCare Plus, Medicaid

To: Family Planning Clinics, Federally Qualified Health Centers, Inpatient Hospitals Providers, Nurse Midwives, Nurse Practitioners, Outpatient Hospital Providers, Physician Assistants, Physician Clinics, Physicians, Prenatal Care Coordination Providers, Rural Health Clinics, HMOs and Other Managed Care Programs

Changes to the Newborn Report Form

This *ForwardHealth Update* announces that after implementation of ForwardHealth interChange, providers should use the revised Newborn Report, F-1165 (10/08), for newborn reporting.

Background Information

The Department of Health Services (DHS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS). ForwardHealth interChange will be supported as part of the State's new fiscal agent contract with EDS. With ForwardHealth interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments, and prior authorization requests through the secure ForwardHealth Portal. Refer to the March 2008 *ForwardHealth Update* (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system and fiscal agent contract will provide.

Revised Newborn Report Form

Providers should use the revised Newborn Report, F-1165 (10/08), for newborn reporting. Effective with the implementation of ForwardHealth interChange. Providers should note that the Newborn Report form

has undergone a few minor changes. The Newborn Report form has been modified to include the following:

- The hospital's National Provider Identifier.
- The taxonomy code.
- The practice location ZIP +4 code.
- A barcode that expedites form processing.

After implementation, the revised Newborn Report will be available on the Portal at www.forwardhealth.wi.gov/. See Attachment 1 of this *Update* for a copy of the Newborn Report form for providers to photocopy.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at dhs.wisconsin.gov/forwardhealth/.

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ATTACHMENT 1 Newborn Report (for photocopying)

(A copy of the “Newborn Report” is located on the following page for providers to photocopy.)

FORWARDHEALTH NEWBORN REPORT

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

The use of this form is mandatory when notifying ForwardHealth of a newborn born to a ForwardHealth member.

INSTRUCTIONS

Type or print clearly. All requested information must be provided.

In multiple birth situations, a separate Newborn Report must be filled out for each birth. For more information on newborn reporting, contact Provider Services at (800) 947-9627. Submit completed forms via fax at (608) 224-6318 or by mail to the following address:

ForwardHealth
PO Box 6470
Madison WI 53716

SECTION I — HOSPITAL (OR OTHER PROVIDER) INFORMATION

Name — Hospital (or Other Provider)

Hospital's National Provider Identifier	Taxonomy Code	Practice Location ZIP+4 Code
Name — Contact Person		Telephone Number — Contact Person

SECTION II — NEWBORN INFORMATION

Name — Newborn (First, Middle Initial, Last)

Gender

Date of Birth (MM/DD/CCYY)

Date of Death, if applicable (MM/DD/CCYY)

Multiple Births (If yes, complete a form for each birth.)

Yes No

SECTION III — MOTHER INFORMATION

Name — Mother

Member ID — Mother

Address (Street, City, State, and ZIP Code)

Member ID — Case Head

SECTION IV — AUTHORIZATION

This information is accurate to the best of my knowledge.

SIGNATURE — Hospital (or Other Provider) Representative

Date Signed

